

Mentally Ill Offender Crime Reduction Grant Program

**Legislative Report
June 2004**

California Board of Corrections



***Mentally Ill Offender
Crime Reduction
Grant Program***

Annual Report to the Legislature

June 2004

**Board of Corrections
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EXECUTIVE SUMMARY

The California Legislature established the Mentally Ill Offender Crime Reduction Grant (MIOCRG) program in response to growing awareness that jails have become the primary (or only) treatment facilities for an increasing number of mentally ill persons, many of whom get caught in a costly cycle of re-offending due largely to inadequate mental health treatment and support services.

This initiative directed the Board of Corrections (Board) to award grants supporting the implementation and evaluation of projects that address locally identified needs for helping mentally ill offenders avoid further involvement in the criminal justice system. Funds appropriated to the MIOCRG program have supported 30 collaborative demonstration projects involving over 7,700 mentally ill persons. The ultimate goal is to determine “what works” most effectively in curbing recidivism among these individuals.

The enabling legislation for the MIOCRG program also directed the Board to evaluate the overall effectiveness of these projects. In fulfilling this mandate, Board staff developed a research design that requires participating counties to collect and report common data elements about the target population, the services participants receive, and the effects of the interventions on curbing recidivism. Counties submit their common data element files every six months. Previous annual reports have included findings from analyses conducted on the preliminary data submitted by counties – data indicating that the enhanced treatment and support services offered through the MIOCRG program are making a positive difference, both in terms of criminal justice outcomes (e.g., bookings and jail days) and “quality of life” outcomes (e.g., functioning level scores and economic self-sufficiency).

In preparation for the final report on the MIOCRG program, which is due to the Legislature in December, Board staff initiated a comprehensive data file “cleanup and verification” process following the counties’ most recent submission of files in March 2004. This process, which includes the use of “error checking” software on each data file, is designed to ensure that the Board receives the most complete and accurate data available for its final evaluation of the MIOCRG program. Because Board staff and participating counties are in the midst of this process, this annual report does not include any new statewide findings. However, the report does include abbreviated case studies demonstrating how well some participants have fared as a result of the enhanced services offered through the demonstration projects as well as findings from two counties – Sacramento and Santa Cruz – that have submitted their final local research reports to the Board.

The MIOCRG program comes to an end on June 30, 2004. However, much has already been learned – and more remains to be learned – about “what works” in reducing recidivism among persons with a mental illness. Thus, the MIOCRG program is achieving its primary objective of enhancing understanding about effective strategies for successfully reintegrating mentally ill offenders into the community. In the process, the program is making a positive difference in the lives of mentally ill persons throughout the State, which not only benefits them and their families but all Californians.

INTRODUCTION

The widespread deinstitutionalization of mentally ill persons that began in the 1970s was a well intentioned idea: move these individuals out of state-run psychiatric hospitals and into communities so they could receive treatment in a more humane and appropriate setting. Unfortunately, this nationwide movement had an unintended consequence. Due to a severe shortage of local mental health services, an increasing number of persons with schizophrenia, bipolar disorder or other mental illnesses found themselves getting caught in a “revolving door” between jail and the community.

Although some mentally ill persons must be incarcerated, studies indicate that the majority of crimes committed by these individuals are nonviolent offenses such as disorderly conduct, trespassing, and petty theft. Studies also show that most of these offenses are a direct result of the impaired judgment and reasoning associated with an untreated mental disorder.

Jails are neither equipped nor designed to handle this population, yet these detention facilities have become the primary source of treatment for the mentally ill. The most recent statistics from the U.S. Department of Justice indicate that 16 percent of the inmates in local jails are mentally ill. For California, this translates into over 12,000 mentally ill inmates – and, according to the Pacific Research Institute, jail and probation costs for these individuals exceed \$300 million a year.

Law enforcement officials and mental health experts agree that most mentally ill offenders could avoid further involvement in the criminal justice system if they received appropriate community-based treatment, supervision and support services. Unfortunately, the majority does not. Compounding this problem is the fact that an estimated 60-90 percent of mentally ill offenders also have a substance abuse disorder. According to the National GAINS Center, integrated mental health and substance abuse services generally offer the best chance for sustained symptom remission among these offenders. However, for a variety of reasons, including the lack of training or treatment experience, the availability of community-based programs and facilities offering integrated treatment is extremely limited.

To address the adverse impact of this “revolving door” phenomenon on mentally ill persons, jails and society as a whole, the California State Sheriffs’ Association and Mental Health Association of California co-sponsored an initiative in late 1998 designed to determine the most effective strategies for helping mentally ill offenders re-integrate into the community. State lawmakers overwhelmingly supported this unprecedented effort, which resulted in creation of the Mentally Ill Offender Crime Reduction Grant program.

PROGRAM OVERVIEW

The enabling legislation for the MIOCRG program, Chapter 501, Statutes of 1998 (SB 1485, Rosenthal) directed the Board to award state grants for demonstration projects aimed at curbing recidivism among mentally ill offenders and to evaluate the overall effectiveness of these efforts (see Appendix A). The Legislature has made a significant investment in this initiative. SB 2108 (Chapter 502, Statutes of 1998) and the 1999/00 State Budget each appropriated \$27 million to the MIOCRG program, and the 2000/01 State Budget included \$50 million to expand the program. However, due to the State's fiscal crisis, lawmakers reduced this augmentation to \$32 million in 2002/03. What follows is an overview of the structure and implementation of the MIOCRG program, which has supported 30 demonstration projects in California.

Program Structure

The framework for the MIOCRG program involves three components that the Legislature deemed critical to reducing crime among mentally ill offenders: 1) interagency collaboration; 2) local discretion; and 3) rigorous evaluations.

Interagency Collaboration: Prior to this program, local efforts to address the challenges posed by mentally ill offenders were, by and large, compartmentalized and disjointed. With research increasingly pointing to the value of an integrated, coordinated approach in the planning and provision of services for mentally ill persons, the Legislature structured the MIOCRG Program to compel collaboration among law enforcement and corrections officials (including probation), mental health practitioners and community-based service providers.

Specifically, to be eligible for a demonstration grant, SB 1485 required counties to form a Strategy Committee comprised, at a minimum, of the sheriff/director of corrections (chair), chief probation officer, mental health director, a superior court judge, representatives from a local law enforcement agency and mental health service provider, and a client/consumer.

The statute required this committee to develop and submit a comprehensive plan describing the county's existing continuum of responses for offenders who are mentally ill; identifying gaps in programs and/or services, both in the jail and the community; and outlining priorities for addressing these gaps. In order to share the information from these "needs assessments" with policymakers and practitioners, Board staff analyzed all 44 plans submitted by counties in order to compete for funds initially allocated to the program (see box on next page).

Local Discretion: Because the availability of resources and scope of issues in California's counties precludes a "one size fits all" response to mentally ill offenders, the Legislature also structured this program to maximize the ability of counties to design projects tailored to the specific needs of the local jurisdiction. As a result of the local planning and decision-making process built into the MIOCRG program, the projects implemented by counties offer a wide array of in-custody and/or out-of-custody interventions and target populations with diverse backgrounds.

Rigorous Evaluation: To learn what works most effectively in reducing crime among persons with a mental illness, the Legislature included a rigorous evaluation component in the structure of the MIOCRG program. In addition to the Board's statewide evaluation, counties must assess the efficacy of their respective projects. These local evaluations, which provide counties an opportunity to examine the unique aspects of their project, must include sufficient information about the participants, research design, treatment interventions, and data analysis procedures to permit replication of the program by others. The county-specific research report, which is due to the Board 90 days after the end of the grant period, must also include a process evaluation focusing on how the program operated.

Counties Identify Service Gaps for Mentally Ill Offenders

As part of the first MIOCRG application process, counties submitted local plans identifying specific services needed to enhance effectiveness in responding to mentally ill offenders. The Board received 44 plans from 45 counties representing 96% of the State's population (there was one regional proposal). The following are key findings from Board staff's analysis of those plans.

- The most frequently cited in-custody need (86% of the plans) was **Discharge Planning**, which counties described as the capacity to develop individually tailored release plans that include, at a minimum, referrals to community-based programs for treatment, housing, life skill training and other basic services. In addition, 82% of the plans cited the need for **Treatment Capacity**, which includes crisis intervention, inpatient care, substance abuse and medication services (most notably the need for access to new medicines). Also, nearly two-thirds of the plans (64%) identified the need for procedures and/or processes to improve the detection of mental illness among offenders.
- In terms of community-based service gaps, all but five plans (89%) identified the need to develop or expand **Treatment Resources**, including urgent care, crisis intervention services, residential programs, and substance abuse services, and 77% identified the need for **Intensive Case Management**, which typically involves low staff to client ratios and a multidisciplinary team approach.
- In addition, three-fourths of the plans cited the need for **Housing Options** (from temporary shelter and transitional housing to affordable rental housing), and over two-thirds of the plans identified the need for **Education/Self-Help Activities** (e.g., vocational training and programs that focus on improving the basic living skills of mentally ill offenders, including anger management, medication education, and money management).
- Counties also emphasized that successful reintegration of mentally ill offenders may not happen without involving the courts. Over two-thirds of the plans cited the need for **Court Orders** (typically conditions of probation) designed to increase the likelihood of compliance with treatment recommendations and with the law.
- Finally, nearly all of the plans (95%) cited the need for **Interagency Coordination** (improved communication/information sharing, data integration, etc.), and 80% identified the need for **Cross Training** to increase understanding among the affected agencies on such issues as the detection of mental illness, the role of custody staff in treatment and referral procedures, and the availability of community resources).

Program Implementation

The Board's activities related to implementation of the MIOCRG program fall into three general categories: 1) distribution of planning grants; 2) demonstration grant awards; and 3) project monitoring and support.

Distribution of Planning Grants: The Legislature earmarked a portion of the initial appropriation and the 2000/01 augmentation to support the work of the Strategy Committees in developing both the comprehensive local plan and the demonstration project proposal based on that plan. In December 1998, the Board awarded planning grants totaling over \$1.2 million to all 45 counties that applied for funds and, in September 2000, the Board awarded nearly \$1 million in planning grants to the 25 counties requesting funds.

Demonstration Grant Awards: SB 1485 required that these grants be awarded on a competitive basis and directed the Board to consider, at a minimum, the following criteria in evaluating the merits of projects proposed by the counties:

- percentage of the jail population with a severe mental illness;
- demonstrated ability to administer the type of program proposed by the county;
- history of maximizing federal, state, local and private funding sources; and
- likelihood that the program would continue after state funding ends.

To ensure that the Request for Proposal (RFP) process was equitable and valid, the Board established an Executive Steering Committee (ESC) comprised of state and local subject matter experts to make recommendations on the technical requirements of the RFP, the method for rating applications, and the demonstration grant awards (see Appendix B). The Board received 40 project proposals requesting a total of nearly \$114 million. In May 1999, following an extensive review and priority ranking of proposals by the ESC, the Board awarded available funds from the 1998/99 appropriation to seven counties.

MIOCRG I GRANTEES

COUNTY	AWARD
Humboldt	\$2,268,986
Kern	\$3,098,768
Los Angeles	\$5,000,000
Orange	\$5,034,317
Placer	\$2,139,862
Riverside	\$3,016,673
Sacramento	\$4,719,320
San Bernardino	\$2,477,557
San Diego	\$5,000,000
San Francisco	\$5,000,000
San Mateo	\$2,137,584
Santa Barbara	\$3,548,398
Santa Cruz	\$1,765,012
Sonoma	\$3,704,473
Stanislaus	\$1,713,490
TOTAL	\$50,624,440

The 1999/00 State Budget directed the Board to award most of this appropriation according to the prioritized rankings from this competitive process. The Budget also capped these grants at \$5 million and specified that Los Angeles and San Francisco Counties would each receive \$5 million for projects targeting mentally ill offenders likely to be committed to prison. In addition to these two "high risk models," the 1999/00 allocation and remaining 1998/99 funds resulted in grants to six more counties.

Together, these allocations supported 15 grants that took effect in July 1999. Although initially four-year grants, the Legislature supported a request by the California State Sheriffs' Association for an unfunded extension of these grants, most of which ended in March 2004. For administrative purposes, the Board refers to this group of grantees as MIOCRG I.

Following the \$50 million augmentation in the 2000/01 State Budget, the Board again appointed an ESC comprised of subject matter experts to develop recommendations on the competitive RFP process and grant awards (see Appendix C).

In May 2001, the Board awarded available funds to 15 counties. The three-year grants for this second group of counties, which the Board refers to as MIOCRG II, began in July 2001. Given the time-consuming activities associated with project start-up (e.g., staff recruitment and hiring; site acquisition; and contract negotiations with service providers), the projects in most of these counties will have enough funds to continue operating until June 2004 despite the \$18 million program reduction in the 2002/03 budget.

Project Support and Oversight: The Board has a long history of working in partnership with sheriffs, chief probation officers and other local stakeholders. For the MIOCRG program, this collaborative approach also involves working closely with project managers, financial officers, evaluators and community-based organizations to help them achieve the county's programmatic objectives and meet all contractual obligations related to the grant.

In terms of project support, Board staff provides consultation and training on issues related to interagency collaboration, program implementation, and data collection. During the early stages of the program, Project Manager Meetings were one vehicle for providing this support. These meetings, which involved project managers, evaluators and line staff, served as a forum for sharing information, discussing challenges, and addressing questions. Board staff also regularly conducts site visits to observe program operations, review financial records, and monitor data collection efforts. In addition, Board staff receives semi-annual progress reports from counties identifying issues that may warrant technical assistance.

Board staff works with participating counties in their efforts to meet contractual obligations related to project expenditures and evaluation activities. The Board's contracts with counties outline specific requirements regarding the use of state grant and local match funds; these contracts also include an exhibit prepared by the county addressing the "nuts and bolts" of the local research plan. In addition to submitting quarterly invoices, each county must submit a final audit within 120 days of the grant ending date. The Board retains a percentage of the grant until satisfactory submission of both the audit and the final evaluation report.

It should be noted that the counties participating in this program have made an impressive financial commitment to strengthening their response to mentally ill offenders. While the enabling legislation required a minimum match of 25% in local funds, all of the counties exceeded this minimum and, despite the fiscal constraints facing local jurisdictions, several counties exceeded the minimum match.

MIOCRG II GRANTEES

COUNTY	AWARD
Alameda	\$3,122,064
Butte	\$1,796,746
Kern	\$1,224,970
Los Angeles	\$3,122,064
Marin	\$2,650,399
Mendocino	\$1,241,037
Monterey	\$1,627,858
San Bernardino	\$2,752,610
San Francisco	\$2,178,201
San Joaquin	\$2,607,436
Santa Clara	\$ 747,312
Solano	\$3,108,840
Tuolumne	\$ 520,266
Ventura	\$1,536,396
Yolo	\$1,688,750
TOTAL	\$29,924,949

THE PROJECTS & PARTICIPANTS

The structure of the MIOCRG program, as previously discussed, allowed a Strategy Committee comprised of local stakeholders to determine what types of services would be implemented through the demonstration project and to whom those services would be provided. While all of the projects involve enhanced services for mentally ill persons, the nature and duration of the interventions offered by counties varies. Similarly, while all of the projects target mentally ill offenders, the eligibility criteria for participation vary. The result of this focus on local decision-making is a diversity of projects and participants.

Project Interventions and Strategies

All 30 projects involve enhanced community-based services, including assistance in securing disability entitlements, housing, vocational training, and employment; individual and group counseling sessions; life skills training; medication education/management; transportation services; and crisis intervention. Projects in a third of the counties also offer enhanced in-custody services – e.g., comprehensive mental health assessments and discharge planning. Project descriptions prepared by the counties include information about specific interventions and may be accessed on the Board’s web site at www.bdcorr.ca.gov. For more information, readers should contact the project manager (directories are also available on the web site).

Counties have employed one or more of the following strategic approaches in delivering this range of enhanced services to project participants.

Multi-Disciplinary Teams: Most of the projects rely on multi-disciplinary teams, or MDTs, to deliver program services. These teams typically consist of mental health clinicians and/or case managers who work hand in hand with deputy probation officers in the development and provision of services as well as the supervision of clients in the community. In several counties, the MDT also includes a psychiatrist, nurse, substance abuse specialist and/or occupational therapist.

Assertive Community Treatment (ACT): The majority of projects draw upon the ACT model, which relies on an MDT to provide individualized services directly to clients (ideally, with around-the-clock access to services/staff). The ACT model involves intensive case management – i.e., reduced caseloads to ensure that clients receive the kind of services, and the level of support, they need to function in the community. In addition, several counties are combining intensive case management with intensive probation supervision, which enables probation officers to monitor participants’ behavior much more closely and provide the support and encouragement they often need to comply with treatment plans.

Mental Health Courts: Almost half of the counties implemented a mental health court or calendar as part of their project (and, based on their reported effectiveness with this strategy, two other counties started a mental health court during the grant period). Although there is no single model among these courts, they typically involve judges, prosecutors, defense attorneys, and mental health professionals who share the belief that effective community-based treatment is an appropriate – and viable – option for some mentally ill offenders.

These courts also typically involve the use of case conferencing to discuss treatment options and progress, as well as monitoring of defendants through subsequent hearings (e.g., weekly or monthly court appearances, depending on the case).

Challenging Target Populations

To fully appreciate how much the MIOCRG program has helped offenders with a mental illness, one must understand the challenges associated with the project participants, both in terms of their similarities (i.e., they all have mental illnesses that severely impact their ability to function) and differences (i.e., gender, age and history).

One Judge's Perspective

"The Mental Health Court is providing criminal defendants with mental health issues much better service than in years past. Prior to creation of the court, these defendants were scattered throughout the court system; conditions of probation relating to treatment and access to services were inconsistent at best. The mental health calendar has allowed us to identify persons with treatment needs much faster than before, and to provide a consistent system of supervision and services. I believe these changes have made the criminal process much more sensitive to treatment needs and public safety issues."

Superior Court Judge Richard Couzens
Placer County

Mental Health Diagnoses: Schizophrenia and other psychotic disorders are the most chronic and disabling of severe mental illnesses. Hallucinations, delusions, disordered thinking, unusual speech or behavior, and social withdrawal seriously impair the ability of persons with these brain disorders to interact with others. Persons with bipolar disorder, which causes extreme shifts in moods, energy levels and functioning, also experience hallucinations and delusions. In addition to interfering with a person's ability to function, bipolar and other mood disorders typically involve recurrent thoughts of death or suicide.

The overwhelming majority of primary diagnoses among MIOCRG participants fall into these two diagnostic categories. In addition, as previously stated, the majority of mentally ill offenders also have a substance abuse disorder.

For mental health clinicians, one indicator of the extent of psychiatric impairment is a person's score on the Global Assessment of Functioning (GAF) Scale, which measures psychological, social and occupational functioning ability on a scale of 0-100. Three-fourths of the MIOCRG participants have GAF scores between 10 and 50, which is defined as serious symptoms (e.g., suicidal ideation, severe obsessive rituals) or any serious impairment in functioning (e.g., no friends, unable to keep a job), and the average GAF score is 46.

Gender/Age: Although the majority of individuals participating in the MIOCRG program are male (over 57%), all but one project involved both male and female clients. Needless to say, different genders present different treatment challenges. The age differences among participants also give rise to treatment challenges. While the average age of participants is 39, their ages range from 18 to 75.

Criminal Justice History: Most of the counties opted to exclude offenders who were in jail at the time of program entry for a violent or serious felony; other counties excluded offenders with any past felony arrests and/or convictions. Some counties required participants to have two or more previous arrests while other counties deemed one prior arrest or even no prior arrests (given the likelihood for returning to jail) sufficient for program participation.

Based on anecdotal reports from the counties, projects experienced different degrees of success with individuals, in part because of differences in their diagnosis and/or criminal justice history. For the Board's final report on the MIOCRG program, which is due to the Legislature in December 2004, staff hopes to have sufficient reliable data to examine the relationships between various subgroups of participants and criminal justice outcomes.

Despite these and other challenges associated with the population targeted in this program, including the fact that homelessness is a major issue for large numbers of mentally ill offenders, case studies maintained by counties suggest that the projects are having a positive impact on the lives of many (though certainly not all) participants. With assistance, support and encouragement from project staff, clients are complying with medications, staying sober, returning to school, finding jobs, learning basic life skills, and even reuniting with family members. For individuals who suffer – and struggle – because of a serious mental illness, these are major accomplishments. Here are three very abbreviated success stories.

Correct Diagnosis and Caring Support Make the Difference

When S. entered San Mateo County's Options Project, she was facing possible imprisonment for four shoplifting convictions. A 40-year-old Taiwanese woman with a master's degree in special education, S. had previously been diagnosed as suffering from Depression and Obsessive Compulsive Disorder. She had been prescribed a mood stabilizer and an anti-depressant but was not receiving any counseling.

The project's interviewer suggested that S. might be misdiagnosed and felt that she needed counseling to deal with the severe physical and mental abuse she had suffered as a child. The psychiatrist changed her diagnoses to Bipolar Disorder and Kleptomania. He also changed her medication, which he felt could have precipitated impulsive behavior rather than prevent it, and began intensive weekly therapy.

The court took this new information into consideration in allowing S. to join the project. Through intensive case management by a multi-disciplinary team, S. became sufficiently stable within a year to pass her state exam in speech and language pathology, and she returned to her teaching position at a Chinese language school. She no longer has any urges to shoplift and is a dedicated teacher and asset to her community.

Getting A New Lease on Life

After being in and out of jail for most of his adult life, D. joined Butte County's Forest Project, an effort that combines a mental health court with intensive treatment and case management offered by a multi-disciplinary community-based team.

Diagnosed with Schizophrenia upon entering the program, the 37-year-old D. also had a 20-year addiction to methamphetamine, which presented a real challenge to the Forest Team.

As a result of his participation in this project, D. went through a 30-day rehabilitation program, started counseling and never once relapsed into drug use. When he "graduated" from the program, Forest Court Judge Stephen Benson presented D. a special plaque during a ceremony in the courtroom. D.'s mother and 16-year-old daughter, whom he had not seen since she was an infant, were beaming proudly in the audience.

"It was the best program," said D. "I got a head start on life again."

Team's Dedication Pays Off

A victim of sexual molestation by her father and then rape, S. began abusing drugs and turning tricks, both of which landed her in jail. She was a 24-year-old mother of two when she was referred to the Options Project. At the time, she was in a locked psychiatric hospital, where she received medications for borderline personality disorder, anxiety, and post-traumatic stress disorder.

After extensive counseling, the multi-disciplinary team working with S. felt that she was ready for a lower level of care, one which involved attending treatment groups and appointments without being in a locked unit. Unfortunately, it wasn't long before she disappeared. She returned to her "old life" on the streets and was raped, yet again. This time, however, it scared her enough to turn herself into the police. While in jail, the only medication she took was for her thyroid condition and she began to see things more clearly.

The Options team did not give up on S. and continued their efforts to help her. She subsequently completed a 90-day inpatient treatment program for dually diagnosed individuals (those who suffer both a mental illness and a substance abuse disorder) and received counseling as well as other support services, including parental skill training. She has remained stable and has kept in contact with both her therapist and case manager since the court allowed her to go home.

RESEARCH DESIGN & HIGHLIGHTS

In fulfilling its mandate to evaluate the overall effectiveness of the MIOCRG program, Board staff has developed a comprehensive research design, with considerable input from project managers and evaluators, that includes analyses to:

- Determine differences in criminal justice and mental health outcomes for participants prior to and during/after their involvement in the projects' enhanced treatment as well as between participants receiving the enhanced treatment and treatment-as-usual;
- Identify specific interventions, or types of interventions, that account for differences in outcomes; and
- Examine the relationship between outcomes and program designs, or structural features.

This research design requires grantees to collect common data elements about the target population (intake data), the services participants receive (intervention data), and the effects of the interventions on recidivism (outcome data). Counties submit their common data element files every six months. Board staff then aggregates the data, which increases the statistical power of the research and the extent to which positive results can be generalized.

Previous annual reports have included findings from analyses conducted on the preliminary data submitted by counties – data indicating that the enhanced treatment and support services offered through the MIOCRG program are making a positive difference, both in terms of criminal justice outcomes (e.g., bookings and jail days) and mental health outcomes (e.g., GAF scores and economic self-sufficiency).

In preparation for the final report on the MIOCRG program, which is due to the Legislature in December, Board staff initiated a comprehensive data file “cleanup and verification” process following the counties’ most recent submission of files in March 2004. This process, which includes the use of “error checking” software on each data file, is designed to ensure that the Board receives the most complete and accurate data available for its final evaluation of the MIOCRG program. Because Board staff and participating counties are in the midst of this process, this annual report does not include any new statewide findings.

Project-Specific Findings

Based on their grant ending dates, two MIOCRG I counties – Santa Cruz and Sacramento – have submitted their final evaluation reports to the Board. As noted earlier, these local evaluations give counties an opportunity to examine unique aspects of their project and must include sufficient information to permit replication of the program by other jurisdictions. By definition, a demonstration grant program will involve varying results among the projects, some of which will fare better than others. In the case of Santa Cruz and Sacramento, both counties reported favorable criminal justice outcomes. Santa Cruz also reported favorable mental health outcomes.

Santa Cruz: Local research conducted on the MOST (Maintaining Ongoing Stability through Treatment) program found that it reduced recidivism among clients, with jail days down from 2,392 for the year prior to clients' entry into the program to 95 for the final year of the program. Bookings for new arrests fell from 157 to 20 over that period. In addition, county records revealed that mental health stability improvements helped to dramatically reduce the number of crisis stabilization visits to the hospital. From the third year prior to the program to its final year, such visits dropped from 34 to three. The annual number of inpatient hospital days decreased from 220 to 80 over the same time period. And, during the program's last year, MOST clients used 699 days of locked skilled nursing beds, whereas comparison clients used 1,799.

Sacramento: The efforts undertaken as part of Project Redirection proved very successful in terms of criminal justice outcomes, with program clients experiencing significantly fewer arrests, convictions and days in jail than individuals in the treatment-as-usual group. At the same time, the county's data did not reveal statistically significant differences between the individuals in Project Redirection and the individuals receiving treatment-as-usual on five mental health outcomes examined in this research (e.g., psychiatric hospital inpatient days and crisis visits).

The Final Report: What Lies Ahead

As mentioned earlier, previous annual reports have included preliminary findings from one component of the Board's statewide evaluation, an examination of differences in criminal justice and mental health outcomes among participants. In addition to presenting these overall findings in the final report to the Legislature, staff hopes to have sufficient reliable data to examine the relationships between various subgroups of participants and outcomes.

Board staff has also conducted preliminary analyses aimed at identifying interventions, or combinations of interventions, that relate to, or explain, these outcomes – e.g., medication support services, counseling, and substance abuse interventions – and will present results of these analyses in the final report.

In addition to this client-based research, Board staff is examining how the structural features of projects (e.g., client caseload size and staff composition) relate to program results. This aspect of the statewide evaluation focuses on the extent to which projects have incorporated the features of the Assertive Community Treatment (ACT) model and the relationship between the degree of "ACTness" and various outcome measures. Although the ACT literature base is large, very few published studies have examined this model within the context of the mentally ill offender. Thus, with this component of the statewide evaluation, California is in a unique position to enhance understanding of the impact of the ACT design on the effectiveness of programs serving the mentally ill offender population. The Board's researchers will continue their investigation into the relationship between programmatic features and outcomes and will include the results of these analyses in the final report.

The final report will also include more highlights from the project-specific research that counties are conducting.

CONCLUSION

The California Legislature made a significant investment in the MIOCRG program, which has enabled 26 counties to provide enhanced treatment and support services to mentally ill offenders, both while they are in custody and after their release from jail. The program has also enhanced the ability and willingness of a wide array of local agencies – sheriff, probation and mental health departments, among others – to engage in partnerships that have restructured the way counties respond to mentally ill offenders.

Without a doubt, there are formidable challenges in successfully intervening in the lives of mentally ill persons who find themselves caught in a “revolving door” between jail and the streets because they do not receive the medication, therapy and other services needed to function within the community. Yet, as evidenced by case studies, local research results and preliminary statewide findings, the challenges presented by this population are not insurmountable.

California’s current fiscal situation precludes additional funding for the MIOCRG program, which comes to an end on June 30, 2004. However, much has already been learned – and more remains to be learned – about “what works” in reducing recidivism among persons with a mental illness. Thus, the MIOCRG program has achieved its primary objective. In the process, the program has helped thousands of mentally ill persons avoid further involvement in the criminal justice system, which not only benefits these individuals and their families but all Californians.

APPENDIX A

CHAPTER 501, STATUTES OF 1998

BILL NUMBER: SB 1485 CHAPTERED

CHAPTER 501

FILED WITH SECRETARY OF STATE SEPTEMBER 15, 1998

APPROVED BY GOVERNOR SEPTEMBER 15, 1998

PASSED THE SENATE AUGUST 30, 1998

PASSED THE ASSEMBLY AUGUST 27, 1998

AMENDED IN ASSEMBLY AUGUST 21, 1998

AMENDED IN ASSEMBLY JULY 8, 1998

AMENDED IN SENATE MAY 5, 1998

AMENDED IN SENATE APRIL 1, 1998

INTRODUCED BY Senator Rosenthal

(Principal coauthor: Senator Rainey)

(Coauthor: Senator McPherson)

(Coauthors: Assembly Members Hertzberg, Migden, Papan,
Strom-Martin, Sweeney, and Thomson)

FEBRUARY 4, 1998

An act to add and repeal Article 4 (commencing with Section 6045) of Chapter 5 of Title 7 of Part 3 of the Penal Code, relating to mentally ill criminal offenders.

LEGISLATIVE COUNSEL'S DIGEST

SB 1485, Rosenthal. Mentally ill offender crime reduction grants.

Under existing law, it is the duty of the Board of Corrections to make a study of the entire subject of crime, with particular reference to conditions in the State of California, including causes of crime, possible methods of prevention of crime, methods of detection of crime, and apprehension of criminals, methods of prosecution of persons accused of crime, and the entire subject of penology, including standards and training for correctional personnel, and to report its findings, its conclusions and recommendations to the Governor and the Legislature as required.

This bill would require, until January 1, 2005, the Board of Corrections to administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders.

The bill would require the board, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, to create an evaluation design for the grant program that will assess the effectiveness of the program in reducing crime, the number of early releases due to jail overcrowding, and local criminal justice costs, and would require the board to submit annual reports to the Legislature based on the evaluation design. The bill would require funding for the program to be provided, upon appropriation by the Legislature, in the annual Budget Act.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature hereby finds and declares all of the following:

(a) County jail inmate populations nearly doubled between 1984 and 1996, from 43,000 to 72,000. Court-ordered population caps have affected 25 counties and represent 70 percent of the average daily population in county jails. As a result of these caps and a lack of bed space, more than 275,000 inmates had their jail time eliminated or reduced in 1997.

(b) An estimated 7 to 15 percent of county jail inmates are seriously mentally ill. Although an estimated forty million dollars (\$40,000,000) per year is spent by counties on mental health treatment within the institution, and that figure is rising rapidly, there are few treatment and intervention resources available to prevent recidivism after mentally ill offenders are released into the community. This leads to a cycle of rearrest and reincarceration, contributing to jail overcrowding and early releases, and often culminates in state prison commitments.

(c) The Pacific Research Institute estimates that annual criminal justice and law enforcement expenditures for persons with serious mental illnesses were between one billion two hundred million dollars (\$1,200,000,000) and one billion eight hundred million dollars (\$1,800,000,000) in 1993-94. The state cost in 1996-97 to incarcerate and provide mental health treatment to a seriously mentally ill state prisoner is between twenty-one thousand nine hundred seventy-eight dollars (\$21,978) and thirty thousand six hundred ninety-eight dollars (\$30,698) per year. Estimates of the state prison population with mental illness ranges from 8 to 20 percent.

(d) According to a 1993 study by state mental health directors, the average estimated cost to provide comprehensive mental health treatment to a severely mentally ill person is seven thousand dollars (\$7,000) per year, of which the state and county cost is four thousand dollars (\$4,000) per year. The 1996 cost for integrated mental health services for persons most difficult to treat averages between fifteen thousand dollars (\$15,000) and twenty thousand dollars (\$20,000) per year, of which the state and county costs are between nine thousand dollars (\$9,000) and twelve thousand dollars (\$12,000) per person.

(e) A 1997 study by the State Department of Mental Health of 3,000 seriously mentally ill persons found that less than 2 percent of the persons receiving regular treatment were arrested in the previous six months, indicating that crimes and offenses are caused by those not receiving treatment. Another study of 85 persons with serious mental illness in the Los Angeles County Jail found that only three of the persons were under conservatorship at the time of their arrest, and only two had ever received intensive treatment. Another study of 500 mentally ill persons charged with crimes in San Francisco found that 94 percent were not receiving mental health treatment at the time the crimes were committed.

(f) Research indicates that a continuum of responses for mentally ill offenders that includes prevention, intervention, and incarceration can reduce crime, jail overcrowding, and criminal justice costs.

(g) Therefore, it is the intent of the Legislature that grants shall be provided to counties that develop and implement a comprehensive, cost-effective plan to reduce the rate of crime and offenses committed by persons with serious mental illness, as well as reduce jail overcrowding and local criminal justice costs related to mentally ill offenders.

SEC. 2. Article 4 (commencing with Section 6045) is added to Chapter 5 of Title 7 of Part 3 of the Penal Code, to read:

Article 4. Mentally Ill Offender Crime Reduction Grants

6045. The Board of Corrections shall administer and award mentally ill offender crime reduction grants on a competitive basis to counties that expand or establish a continuum of swift, certain, and graduated responses to reduce crime and criminal justice costs related to mentally ill offenders, as defined in paragraph (1) of subdivision (b) and subdivision (c) of Section 5600.3 of the Welfare and Institutions Code.

6045.2. (a) To be eligible for a grant, each county shall establish a strategy committee that shall include, at a minimum, the sheriff or director of the county department of corrections in a county where the sheriff is not in charge of administering the county jail system, who shall chair the committee, representatives from other local law enforcement agencies, the chief probation officer, the county mental health director, a superior court judge, a client of a mental health treatment facility, and representatives from organizations that can provide, or have provided, treatment or stability, including income, housing, and caretaking, for persons with mental illnesses.

(b) The committee shall develop a comprehensive plan for providing a cost-effective continuum of graduated responses, including prevention, intervention, and incarceration, for mentally ill offenders. Strategies for prevention and intervention shall include, but are not limited to, both of the following:

(1) Mental health or substance abuse treatment for mentally ill offenders who have been released from law enforcement custody.

(2) The establishment of long-term stability for mentally ill offenders who have been released from law enforcement custody, including a stable source of income, a safe and decent residence, and a conservator or caretaker.

(c) The plan shall include the identification of specific outcome and performance measures and a plan for annual reporting that will allow the Board of Corrections to evaluate, at a minimum, the effectiveness of the strategies in reducing:

(1) Crime and offenses committed by mentally ill offenders.

(2) Criminal justice costs related to mentally ill offenders.

6045.4. The Board of Corrections, in consultation with the State Department of Mental Health, and the State Department of Alcohol and Drug Programs, shall award grants that provide funding for four years. Funding shall be used to supplement, rather than supplant, funding for existing programs and shall not be used to facilitate the early release of prisoners or alternatives to incarceration. No grant shall be awarded unless the applicant makes available resources in an amount equal to at least 25 percent of the amount of the grant. Resources may include in-kind contributions from participating agencies. In awarding grants, priority shall be given to those proposals which include additional funding that exceeds 25 percent of the amount of the grant.

6045.6. The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall establish minimum standards, funding schedules, and procedures for awarding grants, which shall take into consideration, but not be limited to, all of the following:

(a) Percentage of the jail population with severe mental illness.

(b) Demonstrated ability to administer the program.

(c) Demonstrated ability to develop effective responses to provide treatment and stability for persons with severe mental illness.

(d) Demonstrated history of maximizing federal, state, local, and private funding sources.

(e) Likelihood that the program will continue to operate after state grant funding ends.

6045.8. The Board of Corrections, in consultation with the State Department of Mental Health and the State Department of Alcohol and Drug Programs, shall create an evaluation design for mentally ill offender crime reduction grants that will assess the effectiveness of the program in reducing crime, the number of early releases due to jail overcrowding, and local criminal justice costs. Commencing on June 30, 2000, and annually thereafter, the board shall submit a report to the Legislature based on the evaluation design, with a final report due on December 31, 2004.

6045.9. This article shall remain in effect only until January 1, 2005, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2005, deletes or extends that date.

6046. Funding for mentally ill offender crime reduction grants shall be provided, upon appropriation by the Legislature, in the annual Budget Act. It is the intent of the Legislature to appropriate twenty-five million dollars (\$25,000,000) for the purposes of Mentally Ill Offender Crime Reduction Grants in the 1999-2000 fiscal year, subject to the availability of funds. Up to 5 percent of the amount appropriated in the budget may be available for the board to administer this program, including technical assistance to counties and the development of an evaluation component.

APPENDIX B

EXECUTIVE STEERING COMMITTEE MIOCRG I

MIOCRG I EXECUTIVE STEERING COMMITTEE

BOC Members

Harry Nabors, Chairperson
Jerry Krans, Co-Chairperson
Susan Saxe-Clifford, Ph.D.
Daniel Ballin

California State Association of Counties Representative

Supervisor John Flynn, Ventura County

California State Sheriffs Association (CSSA) Representatives

Sheriff Bill Kolender, San Diego County
Captain Norm Hurst, San Bernardino County, CSSA Detentions and Corrections
Subcommittee

State Department of Mental Health Representative

Gary Pettigrew, Deputy Director

State Department of Alcohol and Drug Programs Representative

Susan Nisenbaum, Deputy Director

California Mental Health Directors Association Representative

John Anderson, MFCC, Deputy Director, Humboldt County Mental Health Department

APPENDIX C

EXECUTIVE STEERING COMMITTEE MIOCRG II

MIOCRG II EXECUTIVE STEERING COMMITTEE

BOC Members

Chief Taylor Moorehead, Los Angeles County (Chairperson)
Sheriff Lou Blanas, Sacramento County (Co-Chairperson)

California State Association of Counties Representative

Supervisor John Flynn, Ventura County

California State Sheriffs Association (CSSA) Representatives

Sheriff Keith Royal, Nevada County
Chief Norm Hurst, San Bernardino County, CSSA Detentions and Corrections Subcommittee

Chief Probation Officers of California

Chief Melton Losoya, Yolo County

State Department of Mental Health Representative

Tom Wilson

State Department of Alcohol and Drug Programs Representative

Patricia Hill

California Mental Health Directors Association Representative

John Anderson, MFCC, Deputy Director, Humboldt County Mental Health Department

